

OUT-OF-HOME PLACEMENT OR RECOMMENDED PLACEMENT NOTIFICATION

Use of form: Child placing agencies are required to notify school districts when a child is placed in the district pursuant to ss. 48.64(1r) and 115.81(3), Stats. In addition, agencies are required to notify the school district in which a child resides prior to placement in a Residential Care Center (RCC) whenever the agency recommends to a court that a child be placed in an RCC. Use of this form is voluntary; however, the information must be provided.

DATE: _____

TO: Clerk, _____ School District
Name - School District

FROM: _____
Name - Representative of Placing Agency

Title

Name - Placing Agency

RE: Notification of the Placement of a Child in a Group Home / Foster Home / Residential Care Center or Recommended Placement of a Child in a Residential Care Center.

☐ This is to notify you, pursuant to s. 48.64(1r), Stats., that a child has been placed in the

_____ Group Home / Foster Home /
Name - Home

Treatment Foster Home in your school district in the City / Town / Village of _____ .

The effective date of the child's placement is _____ .
mm/dd/yyyy

NOTE: Send form to school district in which the Group Home / Foster Home / Treatment Foster Home is located.

☐ This is to notify you, pursuant to s. 115.81(3), Stats., that a recommendation has been made to the juvenile court that a child be placed in the _____ Residential

Care Center located in the City / Town / Village of _____ .
Name - Residential Care Center

The date of the recommendation to the court is / was _____ .
mm/dd/yyyy

NOTE: Send form to school district in which the child is / was residing at the time of the recommendation to the court.

☐ This is to notify you, pursuant to s. 115.81(3), Stats., that a child has been placed in the

_____ Residential Care Center located in
Name - Residential Care Center
the City / Town / Village of _____ .

The effective date of the child's placement is _____ .
mm/dd/yyyy

NOTE: Send form to school district in which the child was residing prior to placement in the Residential Care Center.

The following information relates to that child:

Name: _____ Age: _____ Sex: _____

Current / Previous School: _____

City / Town / Village: _____ State: _____

Contact me at the following address or telephone number if you have questions regarding this child or the placement.

Street Address

City, State, Zip Code

Telephone Number

Copy: Group Home or Residential Care Center Administrator / Foster Parent / Treatment Foster Parent

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